



JUN 14 2004

03500.015484.

**PATENT APPLICATION**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
TAKASHI ENDO ) : Examiner: C. Sung  
Application No.: 09/887,121 ) : Group Art Unit: 2878  
Filed: June 25, 2001 ) :  
For: RADIATION IMAGING )  
SYSTEM ) : June 11, 2004

**Mail Stop Amendment**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## AMENDMENT

Sir:

In response to the Office Action dated March 11, 2004, please amend the above-referenced application as follows. The claim changes are reflected in the listing beginning at page 2. The Remarks begin at page 6.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

June 11, 2004.  
(Date of Deposit)

LEONARD P. DIANA (Reg. No. 29,296)  
(Name of Attorney for Applicant)

219.2  
Signature



In re Application of:

Docket No. 03500.015484.

TAKASHI ENDO

Application No.: 09/887,121

Examiner: C. Sung

Filed: June 25, 2001

Group Art Unit: 2878

For: RADIATION IMAGING SYSTEM

Date: June 11, 2004

**Mail Stop Amendment**  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED                              |  |       |  |                         |                |                   |
|--|--|-------|--|-------------------------|----------------|-------------------|
|  | (2)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (4)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | (5)<br>PRESENT<br>EXTRA | RATE           | ADDITIONAL<br>FEE |
| TOTAL<br>CLAIMS                                | *<br>13  | MINUS | **<br>20                                     | =<br>0                  | x \$9<br>\$18  | \$0               |
| INDEP.<br>CLAIMS                               | *<br>2   | MINUS | ***<br>3                                     | =<br>0                  | x \$43<br>\$86 | \$0               |
| Fee for Multiple Dependent claims \$145°/\$290 |  |       |  |                         |                | \$0               |
| TOTAL ADDITIONAL FEE<br>FOR THIS AMENDMENT---  |  |       |  |                         |                | \$0               |

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

°Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$\_\_\_\_\_ is enclosed.

Charge \$\_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

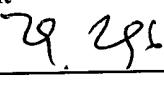
Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$\_\_\_\_\_ to cover the fee for a \_\_\_-month extension is enclosed.

A check in the amount of \$\_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
\_\_\_\_\_  
Attorney for Applicant  
\_\_\_\_\_  
Registration No. 

FITZPATRICK, CELLA, HARPER & SCINTO  
30 Rockefeller Plaza  
New York, New York 10112-3801  
Facsimile: (212) 218-2200

NY\_MAIN 432456 v1